

Refused HousingAttachment B
OP-040204
Page 1 of 3

SEGREGATION HOUSING ORDER

SECTION A - Placement

Name of Facility NFCCFacility Code 45Date 9.23.20

Offender Name

Simpson, Michael

ODOC Register Number

1163563

Medical Notified (immediate upon placement)

Schwartzky, 9.23.20, 2pm

I. Placement in Segregation/Short Term Administrative Segregation (insert date on appropriate line)

Pre-hearing Detention
Transit Detention9.12.20xDisciplinary Detention
Medical Observation
Admin, Segregation
(Pending transfer to
OSP/MBCC)

Pending Investigation

II. Placement for:

Protective Measures

Protective Custody

☐

Offender has requested placement into protective measures/custody

M.S.I request special housing placement for my own protectionMichael Simpson
Offender Signature☐Offender has not requested placement into protective measures/custody, but a real
And serious threat exists against this offender.☐

I request removal from protective measures/custody.

Offender Signature

Offender given a copy of this form on: Date

9.23.20Time 3:00 (a.m. or p.m.)Gina Spitzer
Approving AuthorityDate 9.23.20

SECTION B- REVIEWS

72 Hour Review

Reviewing Authority (Name, Title, Date)

Additional Reviews: Attach Classification team documents or other reports for determining
Continued confinement/release

Date of Release:

Approving Authority

COPY

Original Facility Head - Field
1st Copy: Offender
2nd Copy: Shift Supervisor of SHU